

**Department of Intellectual and Developmental Disabilities
Statewide Planning and Policy Council
Responses to Annual Report to the Governor
For Calendar Year 2012**

Specific recommendations made by the Statewide Planning and Policy Council during calendar year 2012 to the Department of Intellectual and Developmental Disabilities included:

1. Make preventative vision, dental, and hearing services accessible for waiver participants through TennCare or the waiver.

The fiscal year (FY) 2013-2014 budget for DIDD, and the Intellectual Disability Services program budget in TennCare, does not expand funding for services provided by the State and funded through the Medicaid waivers; including preventative dental, vision, and hearing services.

The Arlington Waiver includes dental and vision services and all waivers include speech, language, and hearing services.

If the decision were made to fund these services in a future Tennessee state budget, DIDD would suggest they fit with insured medical services provided through the TennCare-funded Managed Care Organizations.

2. Revisit the annual and three year caps on dental services to determine if they are still at appropriate levels.

The state of the national and Tennessee economy going into FY 2010-2011 necessitated limiting certain high cost services. The caps on dental services introduced in calendar 2011 and continuing through today were a mechanism to address budget pressure in this service area.

Given that the first 3-year period containing a \$7,500 cap is about to expire, DIDD agrees that additional evaluation is needed to determine the effectiveness of the cap and whether other approaches would be more appropriate.

- 3. Remove the annual cap of 243 days per year for day service. Day services would have a monthly cap that equals the total number of weekdays in each of the twelve months that could be used. In addition, the day services hours would not be limited to Monday through Friday, but could be utilized on weekends as well to best meet the needs of the individual.**

At this time, the Department does not recommend weekend day services. When the rates for day services were established, most people were supported in facility based day programs operated by the same provider they used for residential services. The daily rates for day services were calculated using 243 billing days plus 20 leave days for a total of 263 days per year. The number 263 was used because it is usually the maximum number of weekdays in any year. This method was to the provider's advantage because facility based day centers typically closed for major holidays, in-service training days, inclement weather days, etc. The service delivery system has changed and this method may need to be reconsidered.

In order to remove the limit of 243 billed days, without additional allocations, the daily rate on all day services would have to be reduced. It would be cost prohibitive to keep rates at their current levels and remove the cap of 243 billed days.

Regarding the issue of weekend day services, implementing the recommendation would be problematic. The residential services reimbursement rate assumes 18 hours of residential services and 6 hours of day services per day, Monday through Friday. At present, the only exception to this is a medical residential service which is a 24-hour service that does not include provisions for separate day services.

Day services are to be planned in advance, therapeutic in nature, and geared toward personal growth. Activities must be chosen to align with the person's individual support plan. In our society, the majority of people typically go to work or school during the week with weekend activities more relaxed and focused on leisure and social activities. For most people, this is the normal rhythm of life.

For people who live at home with their families, personal assistance services are available for weekend use. Employment services may be billed on the weekends and/or after traditional day service hours. As more people become employed it is expected that weekend use of supported employment day services will increase.

4. Improve the coordination between state departments, particularly with schools in order to bridge the gap of services especially for children who age out of the education system.

Governor Haslam created the Human Support Work Group to address gaps in services for people we serve, particularly those who age out of the system. Commissioner Henry chairs the work group, which includes representatives from the Departments of Children's Services, Health, Human Services, Intellectual & Developmental Disabilities and Mental Health and Substance Abuse Services.

5. Improve coordination for services among individuals with autism

DIDD is in agreement that better service coordination is needed for individuals with autism. For this reason the DIDD Deputy Commissioner of Policy and Innovation and Director of the Office of Health Services, actively participate in the TN Autism Planning Council. Additionally, both are active members of the TN Autism Summit Team, whose main focus is improving service coordination for individuals with autism.

6. Create a web-based system that is more efficient and supportive of those who have to navigate the system.

DIDD is currently engaged in a project to replace many of its existing computer information systems with a web-based, single integrated database. This solution, known as Project Titan, will be built using the Microsoft Dynamics CRM framework. The initial implementation is scheduled to be completed by 6/30/2014 and will focus on Service Planning, Service Tracking & Billing, and Protection From Harm.

7. Reduce the waiting list for waiver and family support services.

As of January 28, 2013, there are 7,274 people on the statewide waiting list for DIDD services.

DIDD would very much like to enroll people with intellectual disabilities that are not in crisis into Tennessee's Home and Community Based Services (HCBS) waiver program; including young people transitioning from school age services into the adult system. However, currently there are constraints on the amount of allocations available to DIDD. Until more allocations are made available, DIDD is forced to prioritize entrance into the HCBS waiver program for those whose needs are most dire.

Currently, DIDD uses specified criteria for entrance into the waiver. People in crisis are the primary benefactors of HCBS waiver services at this time. The definition of crisis includes people with intellectual disabilities who are homeless, have lost all available

caregivers or are a danger to self or others. Based on historical data, a projection of the size of the crisis category is used to justify the requested allocations and appropriate the number of waiver slots.

Each year, DIDD is compelled to enroll certain groups into the HCBS waiver program. People with intellectual disabilities residing in nursing facilities and mental health institutions are prioritized for admittance into the HCBS waiver program. It is clear that no one should have to reside in either of these environments simply because he/she has an intellectual disability or were inappropriately placed. Additionally, children with intellectual disabilities who are Department of Children's Services custody must be enrolled in the HCBS waiver program when they reach the age of majority. All three of these categories of need are prioritized for entrance into the HCBS waiver program. For FY 2013-2014, the projected cost of DIDD services is \$653,468,601. This amount anticipates serving 7,937 people in the HCBS Waiver program. For FY 2013-14, across all HCBS waiver programs, an average of \$82,331.94 is spent per person. This is an average of \$225.57 per person, per day.

The Statewide waiver is budgeted to average \$247.44 per person, per day and to serve 6,516 people. This anticipates growth of 287 people.

The Self Determination (SD) waiver average \$18,900.00 per person per year. This is an average of \$51.77 per person, per day.

There are 3,760 people on the waiting list for Family Support Services. In FY 2012, the Family Support program served a total of 4,634 people. DIDD feels strongly that this is one of the most effective programs available and could use more allocations for this endeavor. However, given the current allocations, this maximizes all available funds.

8. Permit providers of day services to be paid for the services provided (as relevant for individual employment for the sake of continuity of service).

This is addressed in #3 above.

9. Implement reoccurring appropriations for the Family Support Program.

As part of the FY 2013-2014 Tennessee state budget Governor Haslam recommended, and the Legislature adopted, a recurring appropriation of \$7,383,600 for the Family Support Program (House Bill 507). This is the first time since FY 2008-2009 that there are not any non-recurring funds appropriated for the Family Support Program.

10. Create a registry of Autism for the DIDD website so that individuals with DD can sign up so needs can be easily assessed.

DIDD will take this recommendation under advisement.

11. Streamline transportation across the State of Tennessee for adults served by DIDD.

By virtue of the provider agreement and where required, DIDD expects providers to ensure persons receiving waiver services are provided with transportation to all events and appointments. In instances where an agency provides a service that does not require transportation as a component of the service, providers are encouraged to consider alternative providers and means of funding to obtain transportation for persons supported. Examples of alternatives include public transportation, specialized transportation and natural supports. In some instances, additional funding for transportation can be obtained through the waiver or TennCare.

12. Reinstate the policy to contact the Administrator on Duty (AOD); all restraints should be considered a reportable incident no matter the length of restraint or if previously approved; and that administrative leave should only be required if employees are accused of sexual or physical abuse.

The policy for AOD was not discontinued. Rather, there was a table with information regarding AOD which was removed from the Provider Manual (PM) effective March 15, 2011. The policy remained the same. The table has since been included in the PM effective June 1, 2012.

All restraints are considered reportable incidents, effective for the PM June 1, 2012.

Administrative leave should only be required if employees are accused of sexual or physical abuse, effective for the PM June 1, 2012.

13. Establish a definition for “developmental disabilities” and once that definition is established, research the approximate number of Tennesseans that will meet these criteria.

Tennessee Code Annotated Title 33 contains a definition of developmental disability. DIDD will take under advisement, the recommendation to research the number of Tennesseans who meet criteria under the developmental disability definition.

14. Always use person-centered language when referring to those with a disability.

DIDD is in complete agreement with this recommendation. We teach about the importance of language in the Person-Centered Thinking and Personal Outcome Measures workshops. DIDD continues to offer seminars and training for the Department's employees regarding person-centered concepts and appropriate language.

15. Explore the use of various technologies, such as sensory devices, alarms, and video monitoring, in residential settings which will support a less restrictive environment.

DIDD is researching and evaluating technology options and services that could be added to the waiver.

16. Develop a waiver-funded residential model that provides less than 24-hour supervision, e.g. semi-independent living.

The Department developed a waiver-funded residential service named Semi-Independent Living Services (SILS). This service is available to individuals who are enrolled in the Self-Determination Waiver. Semi-Independent Living Services are appropriate for people who need intermittent or limited support to remain in their own home and do not require staff that lives on-site. However, people receiving this service have 24/7 access to provider supports in the event of an emergency and as needed. Semi-Independent Living Services (SILS) include training and assistance in managing money, preparing meals, shopping, personal appearance and hygiene, interpersonal and social skills building, and other activities needed to maintain and improve the capacity of an individual with an intellectual disability to live in the community. The service also includes oversight and assistance in managing medication, either self-administered and/or as permitted under Tennessee's Nurse Practice Act. A service description is available on the DIDD website at http://www.tn.gov/didd/provider_agencies/ServiceDefinitions/ByTitle/Semi-IndependentLivingServices.shtml.

17. Allocate a five percent (5%) rate increase for all providers in the DIDD 2013-2014 budget.

The 2013 legislative session ended with passage of a state budget that included \$2,000,000 in recurring state funding, to be matched with \$3,694,500 in federal funds. The result is a total of \$5,694,500 for a provider rate increase. The language of this legislative amendment to the budget reads as follows:

“In addition to any other funds appropriated by the provisions of this act, there is appropriated the sum of \$2,000,000 (recurring) to the Department of Intellectual and Developmental Disabilities, to be used for increasing the rate of reimbursement paid to community providers of services for individuals with intellectual and developmental disabilities.”

The many supporters of the community of care for people with intellectual disabilities should be proud of the work they did to gain this rate increase, given continued economic concerns, low State tax revenues and the federal government's budget sequestration. Because the DIDD service system has grown so large, even this infusion of funding equates to a relatively small provider rate increase of less than 1%. DIDD will continue to assess the issue of provider rates in the years ahead.